# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 1 of 61

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport).  g your picture tification to your ting with the trustee.	Trinni First name  Quvodis Middle name  Yarn  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All dused	other names you have d in the last 8 years ude your married or		
3.	Only you num Indi	y the last 4 digits of r Social Security ober or federal vidual Taxpayer otification number	xxx-xx-2148	

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 2 of 61 Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<ol> <li>Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</li> <li>Include trade names and doing business as names</li> </ol>		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)
		EIIVS	EINS
5.	Where you live		If Debtor 2 lives at a different address:
		363 Upper Riverdale rd Apt B52 Riverdale, GA 30274	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Clayton	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 3 of 61

Case number (if known) Debtor 1 Trinni Quvodis Yarn

ar	t 2: Tell the Court About	Your B	ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	<b>■</b> C	hapter 7					
		□с	hapter 11					
			hapter 12					
			hapter 13					
			•					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee	neck with the clerk's office in your local control yourself, you may pay with cash, cashic ehalf, your attorney may pay with a cred	er's check, or money	
					t <b>allments.</b> If you choose this ops (Official Form 103A).	ption, sign and attach the Application for	r Individuals to Pay	
			but is not req applies to yo	uired to, waive y ur family size an	your fee, and may do so only if nd you are unable to pay the fe	tion only if you are filing for Chapter 7. E your income is less than 150% of the of e in installments). If you choose this opti official Form 103B) and file it with your pe	ficial poverty line that on, you must fill out	
9.	Have you filed for bankruptcy within the last 8 years?	■ No						
	iast o years:	<b>ш</b> те	District		When	Case number		
			District		When	Case number		
			District		When	Case number		
			District		When	Odde Humber		
10.	Are any bankruptcy	■ No	)					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?		o. Go to I	ine 12.				
	residence :	■ Ye	es. Has yo	our landlord obta	ained an eviction judgment aga	inst you?		
				No. Go to line	12.			
				Yes. Fill out <i>Inc</i> bankruptcy pet		on Judgment Against You (Form 101A) a	and file it with this	

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 4 of 61

Debtor 1 Trinni Quvodis Yarn Case number (if known)

Pari	Report About Any Bu	sinesses `	You Own	as a Sole Proprie	cor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	ee & ZIP Code			
	it to this petition.		Check		x to describe your business:			
					ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can so eadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am r	ot filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition Code.					
		☐ Yes.	I am f	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is	the hazard?				
	identifiable hazard to public health or safety? Or do you own any							
	property that needs immediate attention?			iate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
					Number, Street, City, State & Zip Code			

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 5 of 61 Case number (if known)

Debtor 1 Trinni Quvodis Yarn

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Document Page 6 of 61 Case number (if known) Debtor 1 Trinni Quvodis Yarn Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Trinni Quvodis Yarn Signature of Debtor 2 Trinni Quvodis Yarn Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on June 11, 2019

MM / DD / YYYY

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 7 of 61

Debtor 1 Trinni Quvodis Yarn Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Elsa Ro	odriguez, GA Bar No.	Date	June 11, 2019	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Elsa Rodri Printed name	iguez, GA Bar No. 611407			
Clark & W	ashington, L.L.C.			
Firm name				
	heast Expressway			
Building 3	}			
Atlanta, G	A 30341			
Number, Street,	City, State & ZIP Code			
Contact phone	770-488-9338	Email address	cworders@cw13.com	
GA				
Bar number & C	tato		<del></del>	

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 8 of 61

Fil	I in this information to identify	v vour case:			
_	btor 1 Trinni Quvo				
	First Name	Middle Name	Last Name		
1 -	ouse if, filing)  First Name	Middle Name	Last Name		
Un	ited States Bankruptcy Court fo	or the: NORTHERN DISTRICT	OF GEORGIA - ATLANTA D	VISION	
	nown)			_	Check if this is an amended filing
St Be info	as complete and accurate as	cial Affairs for Indiv possible. If two married people eded, attach a separate sheet to y question.	are filing together, both are	equally responsible for sup	
Pa	rt 1: Give Details About Yo	our Marital Status and Where Yo	ou Lived Before		
1.	What is your current marital	status?			
	<ul><li>☐ Married</li><li>■ Not married</li></ul>				
2.	During the last 3 years, have	e you lived anywhere other tha	n where you live now?		
	■ No □ Yes. List all of the places	s you lived in the last 3 years. Do	not include where you live now	v.	
	Debtor 1 Prior Address:	Dates Debtor lived there	1 Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
<b>3.</b> stat		you ever live with a spouse or l na, California, Idaho, Louisiana, N			
	■ No □ Yes. Make sure you fill o	ut Schedule H: Your Codebtors (	Official Form 106H).		
Pa	rt 2 Explain the Sources of	of Your Income			
4.	Fill in the total amount of incor	om employment or from operat me you received from all jobs and d you have income that you rece	d all businesses, including part	-time activities.	ndar years?
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	om January 1 of current year e date you filed for bankruptc		\$20,000.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Official Form 107

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Page 9 of 61
Case number (if known) Document

				Debtor 1				Debtor 2		
					of income that apply.	(befo	ss income ore deductions and usions)	Sources of Check all th		Gross income (before deductions and exclusions)
	r last caler nuary 1 to	ndar year: December	31, 2018 )	■ Wages	, commissions, tips		\$48,000.00	☐ Wages, bonuses, tip	commissions, os	
				☐ Operat	ing a business			☐ Operatin	g a business	
		dar year be December		■ Wages	, commissions,		\$48,000.00	☐ Wages, bonuses, tip	commissions,	
				☐ Operat	ing a business			☐ Operatin	ig a business	
	and other winnings.  List each  No	public benef If you are fili	fit payments; ing a joint cas he gross inco	pensions; re se and you h	ental income; inter nave income that y	rest; div you rece		cted from lawsu	uits; royalties; and er Debtor 1.	ecurity, unemployment d gambling and lottery
				Debtor 1				Debtor 2		
				Sources of Describe b		eacl (befo	ss income from h source ore deductions and usions)	Sources of Describe be		Gross income (before deductions and exclusions)
Pai	rt 3: Lis	t Certain Pa	yments You	Made Befo	re You Filed for	Bankru	iptcy			
6.	□ No.	Neither De individual puring the No. Yes  * Subject	90 days before 30 days before 40 days before 50 day	Debtor 2 has a personal, for eyou filed of the control of the cont	amily, or househo for bankruptcy, di r to whom you pai ot include paymer o an attorney for ti and every 3 year or bankruptcy, di r to whom you pai	umer de ld purpo de ld purpo de ld you p de ld a tota this for de ld	ebts. Consumer delease."  ay any creditor a total of \$6,825* or more lomestic support oblar topic case. That for cases filed o lebts.  ay any creditor a total of \$600 or more and of \$600 or more and one of the case of the	al of \$6,825* or in one or more gations, such an or after the datal of \$600 or mand the total amount	payments and the schild support a stee of adjustment ore?	nd alimony. Alsó, do : creditor. Do not
			attorney for	ments for de this bankru	ptcy case.		ns, such as child su			nclude payments to an
	Creditor	's Name and	d Address		Dates of payme	ent	Total amount paid	Amount yo still ow		payment for

Santander Consumer USA Inc.  Reg. Agent: C T Corporation System 05/2019 289 S Culver Street Lawrenceville, GA 30046  S1,266.00 \$17,129.00 □ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Other	Reg. Agent: C T Corporation System 289 S Culver Street	04/2019	\$1,266.00	\$17,129.00	■ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 10 of 61
Case number (if known) Debtor 1 Trinni Quvodis Yarn

7.	Within 1 year before you filed for bankrupt					
	Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony.	control, or owner of 20% o	r more of their voting	g securities; and ar	iy managing a	gent, including one for
	□ No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	Joshua Yarn 3601 SouthLake Park Way Riverdale, GA 30296	2018 - Present	\$1,300.00	\$200.00	Loan Repa	ayment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on ac	ccount of a de	ebt that benefited an
	<ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pa	rt 4: Identify Legal Actions, Repossessio	ns, and Foroclosures				
Га	11 4. Identity Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	■ No					
	☐ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?
	<ul><li>□ No. Go to line 11.</li><li>■ Yes. Fill in the information below.</li></ul>					
	Creditor Name and Address	Describe the Property		Date		Value of the
	Orealtor Name and Address	Explain what happened	1	Date		property
	Capital One	Garnished Wages			07/2018 - \$1,200	
	P.O.Box 71083	-			09/2019	
	Charlotte, NC 28272	☐ Property was reposse				
		☐ Property was foreclos ☐ Property was garnishe				
		☐ Property was attached				
		Troperty was attached	u, seizeu oi ievieu.			
11.	Within 90 days before you filed for bankru	ntcy did any creditor inc	luding a bank or fir	nancial institution	set off any a	mounts from your
	accounts or refuse to make a payment bed		laamig a bank or m	ianolai institution	, set on any a	inounts from your
	■ No					
	☐ Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	creditor took	Date a taken	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assigned	e for the bene	fit of creditors, a
	No					
	Yes					
Offic	tial Form 107 State	ment of Financial Affairs for I	naiviauals Filing for E	sankruptcy		page 3

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 11 of 61 Case number (if known)

Pa	tt 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupto  No  Yes. Fill in the details for each gift.	y, did you give any gifts with a total value of more	than \$600 per person	?
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
14.		y, did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
	Light of Joy 286 GA-138 Riverdale, GA 30274		2017 - Present	\$3,900.00
	how the loss occurred	cribe any insurance coverage for the loss	Date of your loss	Value of property lost
	how the loss occurred Incl	ude the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.	loss	
16.	consulted about seeking bankruptcy or prep	did you or anyone else acting on your behalf pay aring a bankruptcy petition?  rers, or credit counseling agencies for services require  Description and value of any property transferred		rty to anyone you  Amount of payment
	Email or website address Person Who Made the Payment, if Not You CIN Legal Data Services Box 88229 Milwaukee, WI 53288	Various Legal Servcies	made 05/2019	\$70.00
	Clark & Washington, LLC 3300 Northeast Expressway Building 3 Atlanta, GA 30341	Chapter 7 Filing Fee	05/2019	\$75.00

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 12 of 61
Case number (if known)

17.	Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you ho	ors or to make payments			transfer any prope	rty to anyone who			
	Yes. Fill in the details.								
	Person Who Was Paid Address	Description and v transferred	alue of any prope	erty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No	ousiness or financial affa ade as security (such as t	airs? he granting of a se						
	Yes. Fill in the details.			-					
	Person Who Received Transfer Address	Description and v			ny property or eceived or debts hange	Date transfer was made			
	Person's relationship to you								
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No □ Yes Fill in the details		y property to a se	elf-settled trus	st or similar device	of which you are a			
	Name of trust Description and value of the property transferred Date Transfer w made								
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Stora	age Units					
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of		-				
	Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clos	e account was ed, sold, red, or sferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any	safe deposit l	box or other depos	itory for securities,			
	No								
	☐ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the c	ontents	Do you still have it?			
22.	Have you stored property in a storage unit	or place other than your	home within 1 ye	ear before you	ı filed for bankrupto	cy?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S		escribe the c	ontents	Do you still have it?			
		State and ZIP Code)							

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Page 13 of 61
Case number (if known) Document

Par	rt 9: Identify Property You Hold or Con	itrol for	Someone Else			
23.	Do you hold or control any property that for someone.	t some	one else owns? Include any proper	rty y	ou borrowed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Coo	de)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
Par	rt 10: Give Details About Environmenta	l Inform	nation			
For	the purpose of Part 10, the following def	initions	apply:			
	Environmental law means any federal, s toxic substances, wastes, or material in regulations controlling the cleanup of the	to the a	air, land, soil, surface water, ground	_	•	
	Site means any location, facility, or prop to own, operate, or utilize it, including d		_	law,	, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an hazardous material, pollutant, contamin			s wa	ste, hazardous substance, toxic	substance,
Rep	port all notices, releases, and proceeding	s that y	ou know about, regardless of when	n the	ey occurred.	
24.	Has any governmental unit notified you	that yo	ou may be liable or potentially liable	e uno	der or in violation of an environm	nental law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Coo	de)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental un	it of any	y release of hazardous material?			
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Coo	de)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or	admini	strative proceeding under any env	iron	mental law? Include settlements	and orders.
	■ No					
	Yes. Fill in the details.					
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	tture of the case	Status of the case
Par	rt 11: Give Details About Your Business	s or Coi	nnections to Any Business			
27.			•	nv of	f the following connections to an	v husiness?
21.	☐ A sole proprietor or self-employ		•	•	•	y business:
	☐ A member of a limited liability of				•	
	☐ A partner in a partnership		, , , , , , , , , , , , , , , , , , , ,	i \-	,	
	☐ An officer, director, or managing	g execu	itive of a corporation			
	_	-	r equity securities of a corporation			

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 14 of 61

Debtor 1	Trinni Quvodis Yarn	Document	Page 14 of 61 Case number (if known)	

	■ No. None of the above applies. Go to P	art 12.	
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	ŕ
			Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to an	yone about your business? Include all financial
	■ No		
	☐ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	t 12: Sign Below		
are t		false statement, concealing property, or ol	declare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both.
	Trinni Quvodis Yarn		
	nni Quvodis Yarn nature of Debtor 1	Signature of Debtor 2	
Dat	e _June 11, 2019	Date	
Did	you attach additional pages to <i>Your Stateme</i>	nt of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?
	0	·	, , , ,
ΠY	es		
Did	you pay or agree to pay someone who is not	an attorney to help you fill out bankruptcy	forms?
	ln.		

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

		Document	Page 15 of 61		
Fill in this in	nformation to identify your	case and this filing:			
Debtor 1	Trinni Quvodis \	/arn			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT OF G	EORGIA - ATLANTA DIVISI	ION	
Case numbe	r				☐ Check if this is an
					amended filing
Official	Form 106A/B				
_	_	<b>1</b>			
<u>Scnea</u>	ule A/B: Prop	perty			12/15
think it fits bes nformation. If Answer every	st. Be as complete and accur more space is needed, attach question.	pe items. List an asset only once. ate as possible. If two married peo n a separate sheet to this form. On	ple are filing together, both ar the top of any additional page	re equally responsible for s	upplying correct
Part 1: Desc	ribe Each Residence, Buildin	g, Land, or Other Real Estate You	Own or Have an Interest In		
1. Do vou own	n or have any legal or equitab	le interest in any residence, buildir	ng, land, or similar property?		
	, , , , , , , , , , , , , , , , , , , ,	,,	J,,		
No. Go to	o Part 2.				
☐ Yes. Wh	ere is the property?				
_					
Part 2: Desc	ribe Your Vehicles				
3. Cars, vans  □ No ■ Yes	s, trucks, tractors, sport u	tility vehicles, motorcycles			
	Handa			Do not deduct secured of	laims or exemptions. Put
3.1 Make:	Honda		the property? Check one	the amount of any secur	ed claims on Schedule D:
Model:		Debtor 1 only		Creditors Who Have Cla	ims Secured by Property.
Year:	2015	Debtor 2 only		Current value of the	Current value of the
	kimate mileage:6	Debtor 1 and Debtor	•	entire property?	portion you own?
Othern	illioillatioil.	At least one of the de	btors and another		
		☐ Check if this is com	munity property	\$10,575.00	\$10,575.00
		(see instructions)	. ,, ., .		
Examples:  No ☐ Yes  Add the copages you	Boats, trailers, motors, pers	ATVs and other recreational vesonal watercraft, fishing vessels, you own for all of your entries. Write that number here	snowmobiles, motorcycle ac	y entries for	\$10,575.00
Do you own	or have any legal or equi	table interest in any of the follo	owing items?		Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
Househal	d goods and furnishings				

**Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Document Page 16 of 61 Debtor 1 Case number (if known) Trinni Quvodis Yarn Yes. Describe..... \$1,200.00 2 BR, LR, W/D 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 2 TV, Cell Phone, DVD Player 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothes and Shoes \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$5.00 **Real and Costume** 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$5.00 Dog

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here ......

\$1,960.00

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44

Document Page 17 of 61 Trinni Quvodis Yarn Case number (if known) Debtor 1 Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes..... Cash \$0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Delta Community Credit Union** \$0.00 17.1. Checking **Delta Community Credit Union** \$0.00 17.2. Saving **Southern Credit Union** \$0.00 Checking Southern Credit Union \$0.00 17.4. Saving 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account:

#### 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

**Employer** 

No

Official Form 106A/B Schedule A/B: Property page 3

**Pension** 

\$1,200.00

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Document Page 18 of 61 Debtor 1 Case number (if known) Trinni Quvodis Yarn Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit  $\hfill \square$  Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No Yes. Give specific information..... **Back Child Support** Child Support \$300.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund

value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Debtor	1 Trinni Quvodis Yarn	Document	Page 19 of 61 Case number (if known)	
	ims against third parties, whether or not y amples: Accidents, employment disputes, ins			
	es. Describe each claim			
34. <b>O</b> th	•	every nature, includin	ng counterclaims of the debtor and rights to	o set off claims
	es. Describe each claim			
35. <b>An</b> y	y financial assets you did not already list			
	es. Give specific information			
	dd the dollar value of all of your entries from Part 4. Write that number here			\$1,500.00
Part 5:	Describe Any Business-Related Property You	Own or Have an Interest	In. List any real estate in Part 1.	
_ `	rou own or have any legal or equitable interest in	n any business-related p	property?	
	s. Go to line 38.			
Part 6:	<b>Describe Any Farm- and Commercial Fishing-R</b> If you own or have an interest in farmland, list it in		n or Have an Interest In.	
	you own or have any legal or equitable int	erest in any farm- or	commercial fishing-related property?	
	No. Go to Part 7.  Yes. Go to line 47.			
	_			
Part 7:	Describe All Property You Own or Have an	n Interest in That You Di	d Not List Above	
	you have other property of any kind you d amples: Season tickets, country club member			
■ N	lo es. Give specific information			
	·	on Boot 7 Make that		40.00
54. <b>A</b>	dd the dollar value of all of your entries fro	om Part 7. Write that r	number nere	\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>P</b> a	art 1: Total real estate, line 2			\$0.00
	art 2: Total vehicles, line 5	_	\$10,575.00	
	art 3: Total personal and household items,	line 15	\$1,960.00 \$4,500.00	
	art 4: Total financial assets, line 36		\$1,500.00 \$0.00	
	art 5: Total business-related property, line	· · · · · · · · · · · · · · · · · · ·	\$0.00 \$0.00	
	art 6: Total farm- and fishing-related prope art 7: Total other property not listed, line 5		\$0.00 \$0.00	
U1. F	art 7. Total other property not listed, line 5	T	φυ.υυ	

Official Form 106A/B Schedule A/B: Property page 5

\$14,035.00

Copy personal property total

62. **Total personal property.** Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$14,035.00

\$14,035.00

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 20 of 61

Fill in this infor	mation to identify your	case:			
Debtor 1	Trinni Quvodis Y	arn			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLANTA D	DIVISION	
Case number					
(if known)					☐ Check if this is an amended filing
					amended ming

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemp	ptions are	you claiming?	Check one only	, even if	your spouse is	s filing with	vou.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$10,575.00		\$0.00	O.C.G.A. § 44-13-100(a)(3)
		100% of fair market value, up to any applicable statutory limit	
\$1,200.00		\$1,200.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$250.00	_	\$250.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$5.00		\$5.00	O.C.G.A. § 44-13-100(a)(5)
		100% of fair market value, up to	
	\$10,575.00 \$10,575.00 \$1,200.00 \$250.00	\$10,575.00	Check only one box for each exemption.  \$10,575.00  \$100% of fair market value, up to any applicable statutory limit  \$1,200.00  \$100% of fair market value, up to any applicable statutory limit  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$250.00  \$250.00  \$250.00  \$350.00  \$250.00  \$55.00

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Debtor 1 Trinni Quvodis Yarn Page 21 of 61
Case number (if known)

Del	DIOI I IIIIIII QUVOUIS TAITI				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Dog Line from Schedule A/B: 13.1	\$5.00		\$5.00	O.C.G.A. § 44-13-100(a)(4)
	Line Holli Schedule AVD. 19.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(6)
	Line Holli Schedule AVB. 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Delta Community Credit Union	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(6)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Saving: Delta Community Credit Union	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(6)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Checking: Southern Credit Union Line from Schedule A/B: 17.3	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(6)
	Ellie Holli Genedale AVB. 1718			100% of fair market value, up to any applicable statutory limit	
	Saving: Southern Credit Union Line from Schedule A/B: 17.4	\$0.00		\$0.00	O.C.G.A. § 44-13-100(a)(6)
	Line Irom Schedule AV.B. 11.4			100% of fair market value, up to any applicable statutory limit	
	Pension: Employer Line from Schedule A/B: 21.1	\$1,200.00		\$1,200.00	O.C.G.A. § 44-13-100(a)(2.1)
	Line Holli Schedule AVB. 21.1			100% of fair market value, up to any applicable statutory limit	
	Child Support: Back Child Support Line from Schedule A/B: 29.1	\$300.00		\$300.00	O.C.G.A. § 44-13-100(a)(2)(D)
	Ellie II olii ochedale AVB. 2011			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3			led on or after the date of adjustmen	ıt.)
	■ No			•	
	☐ Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case?	?
	□ No	-			
	☐ Yes				

Case	19-29110-061	Document Page 22	of 61	14.55.44 Desi	Civiani
Fill in this inform	nation to identify yo				
Debtor 1	Trinni Quvodis	Varn			
Debior 1	First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Bar	nkruptcy Court for the	: NORTHERN DISTRICT OF GEORGIA - ATL	ANTA DIVISION	_	
Case number (if known)				_	if this is an ded filing
Official Form		s Who Have Claims Secured	l by Propert	у	12/15
		If two married people are filing together, both are equout, number the entries, and attach it to this form. On			
. Do any creditors	have claims secured b	y your property?			
☐ No. Check	this box and submit	this form to the court with your other schedules. Yo	u have nothing else t	to report on this form.	
Yes. Fill in	all of the information	below			
	I Secured Claims				
		more than an accuracy plaine list the architer concretely.	Column A	Column B	Column C
for each claim. If mo	ore than one creditor ha	more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Capital On	ne Bank (USA),	Describe the property that secures the claim:	\$1,002.00	\$0.00	\$1,002.00
Creditor's Name		All Debtor's real and personal			
	ana Fairbank,	property			
CEO 4851 Cox I Glen Allen	Road ı, VA 23060	As of the date you file, the claim is: Check all that apply.  Contingent			
	City, State & Zip Code	☐ Unliquidated			
Who owes the del	bt? Check one.	Disputed  Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mortgage or sector car loan)	ured		
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	e debtors and another	Judgment lien from a lawsuit			
☐ Check if this cla	aim relates to a	Other (including a right to offset)			

community debt Date debt was incurred

Last 4 digits of account number

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 23 of 61

Debtor 1 Trinni Quvodis Yarn	C	Case number (if known)		
First Name Middle N	lame Last Name	_		
Santan dan Canauman				
2.2 Santander Consumer USA	Describe the property that secures the claim:	\$17,235.00	\$10,575.00	\$6,660.00
Creditor's Name	2015 Honda Accord 64000 miles	<del></del>	<del></del>	. ,
	20101101100110011001101001111100			
Attn: Bankruptcy				
Po Box 961245	As of the date you file, the claim is: Check all that apply.			
Fort Worth, TX 76161	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Opened				
10/17 Last				
Active	4000			
Date debt was incurred 4/30/19	Last 4 digits of account number 1000			
2.3 Suntrust Bank	Describe the property that secures the claim:	\$3,706.00	\$0.00	\$3,706.00
Creditor's Name	All Debtor's real and personal			
C/O Corporation Service	property			
Company - RA	As of the date you file, the claim is: Check all that			
40 Technology Parkway South	apply.			
Suite 300	☐ Contingent			
Norcross, GA 30092				
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
lacksquare At least one of the debtors and another	Judgment lien from a lawsuit			
	— Sudgment hen nom a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
	•			
community debt	☐ Other (including a right to offset)			
community debt  Date debt was incurred	☐ Other (including a right to offset)	\$21,943.00	ם	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

			Doci	iment Page 24 o	f 61		
Fil	I in this informa	ntion to identify your ca	ase:				
De	btor 1	Trinni Quvodis Yaı	rn				
		First Name	Middle Name	Last Name			
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name			
Un	ited States Bank	ruptcy Court for the:	NORTHERN DIST	RICT OF GEORGIA - ATLAN	TA DIVISION		
	se number					<del>-</del>	if this is an
						amend	ed filing
∩f	ficial Form	106F/F					
			no Have Uns	secured Claims			12/15
Sch Sch eft.	edule G: Éxecuto edule D: Creditors	ry Contracts and Unexpir s Who Have Claims Secu nuation Page to this page	ed Leases (Official F red by Property. If m	claim. Also list executory contr form 106G). Do not include any ore space is needed, copy the F rmation to report in a Part, do no	creditors with partially s art you need, fill it out,	ecured claims that a number the entries in	re listed in the boxes on the
Pa	rt 1: List All	of Your PRIORITY Uns	ecured Claims				
1.	Do any creditors	have priority unsecured	claims against you?	)			
	☐ No. Go to Par	t 2.					
	Yes.						
2.	identify what type possible, list the d	of claim it is. If a claim has	both priority and nonpaccording to the cred	than one priority unsecured claim oriority amounts, list that claim her itor's name. If you have more than her creditors in Part 3.	e and show both priority a	and nonpriority amount	s. As much as
	(For an explanation	on of each type of claim, se	e the instructions for t	his form in the instruction booklet.	) Total claim	Priority	Nonpriority
2.1	Georgia I	Department of Reve	nuo last4di	gits of account number	\$111.00	amount \$111.00	amount \$0.00
	Priority Cred		Lust 4 un	gits of account number	Ψ111.00	Ψ111.00	Ψ0.00
	•	nce Division	When wa	s the debt incurred?		_	
		nkruptcy tury BLVD NE Suite 3A 30345-3202	9100				
		et City State Zip Code	As of the	date you file, the claim is: Chec	k all that apply		
	Who incurred t	he debt? Check one.	☐ Contir	ngent			
	Debtor 1 onl	у	☐ Unliqu	uidated			
	Debtor 2 onl	у	☐ Dispu	ted			
	Debtor 1 and	d Debtor 2 only	Type of F	PRIORITY unsecured claim:			
	_	of the debtors and another	☐ Dome	stic support obligations			
	_	s claim is for a communi	_	and certain other debts you owe	the government		
	Is the claim sul		_	s for death or personal injury while	· ·		

■ No

☐ Yes

☐ Other. Specify \_

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 25 of 61

Debi	OF I Irinni Quvodis Yarn		Case number (if kno	wn)			
2.2	IRS	Last 4 digits of account number	\$4,	518.00 \$4,5	18.00	\$0.00	
	Priority Creditor's Name 401 W. Peachtree St., NW Stop #334-D Room 400	When was the debt incurred?					
	Atlanta, GA 30308  Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	■ Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	□ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:					
	☐ At least one of the debtors and another	☐ Domestic support obligations					
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government				
	Is the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxic	cated			
	No	Other. Specify					
	☐ Yes						
t	List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2.	laim. For each claim listed, identify what t	ype of claim it is. Do r	not list claims already in	ncluded in Part	t 1. If more n Page of	
4.1	Capital One	Last 4 digits of account number	6091			\$858.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim	Opened 11/17 05/19			ψοσο.σο	
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharing	a plans, and other sin	nilar debts			
	☐ Yes	Other. Specify Credit Card					
		— Strict. Opcorry					

Entered 06/11/19 14:53:44 Case 19-59110-bem Doc 1 Filed 06/11/19 Desc Main

Page 26 of 61 Case number (if known) Document Debtor 1 Trinni Quvodis Yarn 4.2 \$531.00 Comenity Bank/Lane Bryant Last 4 digits of account number 3067 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/17 Last Active Po Box 182125 When was the debt incurred? 04/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Comenitybank/New York Last 4 digits of account number 6480 \$626.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 11/17 Last Active Po Box 18215 When was the debt incurred? 04/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.4 **Credit One Bank** \$481.00 3853 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department Opened 12/17 Last Active Po Box 98873 When was the debt incurred? 05/19 Las Vegas, NV 89193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Page 27 of 61 Case number (if known) Document Debtor 1 Trinni Quvodis Yarn 4.5 \$1,006.00 First Nataional Bank/Legacy Last 4 digits of account number 3216 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/18 Last Active Po Box 5097 When was the debt incurred? 01/19 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 **First Premier Bank** Last 4 digits of account number 5461 \$565.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 04/18 Last Active Po Box 5524 When was the debt incurred? 03/19 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify **GSFC/Georgia Student Finance** 1559 \$4,857.00 4.7 Last 4 digits of account number Commission Nonpriority Creditor's Name 2082 East Exchange Place Opened 9/14/07 Last Active When was the debt incurred? 06/19 Fmt 200 Tucker, GA 30084 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No
□ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

**Educational - Multiple Accounts** 

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Page 28 of 61 Case number (if known) Document Debtor 1 Trinni Quvodis Yarn

4.8	MOHELA	Last 4 digits of account number	0005	\$54,837.00				
	Nonpriority Creditor's Name  Attn: Bankruptcy	_	Opened 08/07 Last Active					
	633 Spirit Dr	When was the debt incurred?	4/07/19					
	Chesterfield, MO 63005	_						
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify						
		Educationa	I - Multiple Accounts					
4.9	National Credit Systems, Inc.	Last 4 digits of account number	9930	\$355.00				
4.3	Nonpriority Creditor's Name			φ333.00				
	Attn: Bankruptcy		Opened 02/14 Last Active					
	Po Box 312125	When was the debt incurred?	12/13					
	Atlanta, GA 31131  Number Street City State Zip Code	As of the date you file the claim	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim	з. Спеск ан шасарру					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans						
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not					
	■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Collection						
4.1	Nelnet Loans	Last 4 digits of account number	4149	\$78,159.00				
0	Nonpriority Creditor's Name			<b>4.0,100.00</b>				
	Attn: Claims		Opened 05/06 Last Active					
	Po Box 82505	When was the debt incurred?	5/31/19					
	Lincoln, NE 68501  Number Street City State Zip Code	As of the data you file the claim	in Charle all that apply					
	Who incurred the debt? Check one.	As of the date you file, the claim	<b>s.</b> Спеск ан тыт арріу					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
		☐ Disputed						
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:					
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	■ No	No						
	Yes							
	☐ Yes ☐ Other. Specify Educational - Multiple Accounts							

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Page 29 of 61 Case number (if known) Document Debtor 1 Trinni Quvodis Yarn

NetCredit		Last 4 digits of account number	8099	\$3,306.00					
	Nonpriority Creditor's Name	_							
	175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604	When was the debt incurred?	Opened 02/18 Last Active 5/15/19						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt	Student loans							
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts						
	☐ Yes	■ Other Specify Unsecured							
		— Other: opeony							
4.1 2	Rent Recovery Solution LLC	Last 4 digits of account number	5286	\$955.00					
	Nonpriority Creditor's Name Attn: Bankruptcy 1945 The Exchange Ste 120	When was the debt incurred?	Opened 2/18/13						
	1945 The Exchange, Ste 120 Atlanta, GA 30339  Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply								
	Who incurred the debt? Check one.								
	■ Debtor 1 only     □ Contingent       □ Debtor 2 only     □ Unliquidated       □ Debtor 1 and Debtor 2 only     □ Disputed								
									$\square$ At least one of the debtors and another
	Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
	■ No	☐ Debts to pension or profit-sharin							
	Yes	Other. Specify 09 Highland	d Willows						
44									
4.1 3	Sunset Finance Co Of	Last 4 digits of account number	3923	\$1,250.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Department 510 Mountain View Dr., Suite 500	When was the debt incurred?	Opened 5/24/19 Last Active 5/24/19						
	Seneca, SC 29672  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed							
	At least one of the debtors and another								
	☐ Check if this claim is for a community debt	☐ Student loans							
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	•	☐ Debts to pension or profit-sharin	a plane, and other similar debte						
	No	La Debts to pension or profit-snaring	g plans, and other similar debts						

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44

Page 30 of 61 Case number (if known) Document Debtor 1 Trinni Quvodis Yarn 4.1 Synchrony Bank 4742 \$948.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/17 Last Active Po Box 965060 When was the debt incurred? 03/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other, Specify Charge Account 4.1 Synchrony Bank/Sams 3070 \$1,254.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/17 Last Active Po Box 965060 When was the debt incurred? 2/03/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Synchrony Bank/Walmart 7900 \$1,191.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/17 Last Active Po Box 965060 When was the debt incurred? 03/19 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Page 31 of 61 Case number (if known) Document

Debtor 1 Trinni Quvodis Yarn

The Southern Credit	Last 4 digits of account number	5790	\$563.0
Nonpriority Creditor's Name	_	0	
430 E Lanier Ave	When was the debt incurred?	Opened 03/18 Last Active 05/19	
Fayetteville, GA 30214	Titles was the dest mounted.		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card		

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				 _
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 4,629.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 4,629.00
				Total Claim
	6f.	Student loans	6f.	\$ 137,853.00
Total claims				 
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	· · · · · · · · · · · · · · · · · · ·	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 13,889.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 151,742.00

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Fill in this infor	mation to identify your	case:		
Debtor 1	Trinni Quvodis Y	arn		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLANTA DIVISION	
Case number				
(if known)				☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Progressing Leasing
5651 W Talavi Blvd
Glendale, AZ 85306

State what the contract or lease is for
Mattress

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

		Docume	nt Page 33 d	of 61	
Fill in thi	s information to identify your	case:			
Debtor 1	Trinni Quvodis Y	arn			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	lling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLAN	NTA DIVISION	
Case nun	nber				
(if known)					☐ Check if this is an
					amended filing
Official	ol Form 10611				
	al Form 106H	_			
Sche	dule H: Your Cod	ebtors			12/15
1. Do	es  Ithin the last 8 years, have you na, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spo  Solumn 1, list all of your codeb ne 2 again as a codebtor only	you are filing a joint case, of a lived in a community property, Nevada, New Mexico, Publicate, or legal equivalent lived cors. Do not include your if that person is a guarantic source.	operty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make	ry? (Community property ington, and Wisconsin.)  r if your spouse is filing sure you have listed the	states and territories include with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 2.	rediff 100E/F), of Sched	ule G (Official Foffif R	ooj. Ose Schedule D, S	chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code			litor to whom you owe the debt
	Traine, rumber, oursel, only, state and 2			Check all schedules	шасарру.
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, lin	e
				☐ Schedule G, line	
	Niumbau Cirasi			_	
	Number Street City	State	ZIP Code		
	•				
				Пол	
3.2	Name			Schedule D, line	
	Hamo			☐ Schedule E/F, lin	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 34 of 61

Fill	in this information to identify yo	our case:							
		uvodis Yarn							
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court fo	or the: NORTHERN DISTRIC	CT OF GEORGIA - A	TLANTA	_				
	se number 		-			Check if this is:  An amende  A supplement 13 income a	nt showing	g postpetition ollowing date:	
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your I	ncome							12/15
sup <sub>i</sub> spo atta	as complete and accurate as plying correct information. If use. If you are separated and the a separate sheet to this formation.  Describe Employment	you are married and not filid your spouse is not filing worm. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse is	s liv natio	ing with you, inclu on about your spo	ide informuse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fil	ling spouse	
	If you have more than one jo	b, Employment status	■ Employed			☐ Emplo	yed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed		
	employers.	Occupation	Educator						
	Include part-time, seasonal, self-employed work.	or Employer's name	Clayton County	Public	Sch	ools			
	Occupation may include stude or homemaker, if it applies.	dent Employer's address	1058 Fifth Ave Jonesboro, GA	30236					
		How long employed t	here? 3 years	5					
Par	t 2: Give Details About	t Monthly Income							
	mate monthly income as of t use unless you are separated.	he date you file this form. If	you have nothing to r	eport for a	any I	ine, write \$0 in the	space. Inc	lude your nor	n-filing
	u or your non-filing spouse have space, attach a separate she		ombine the informatio	n for all e	mplo	oyers for that perso	n on the lir	nes below. If	you need
						For Debtor 1		otor 2 or ng spouse	
2.		salary, and commissions (b thly, calculate what the month		2.	\$	4,137.00	\$	N/A	
3.	Estimate and list monthly of	overtime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. A	dd line 2 + line 3.		4.	\$	4,137.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 35 of 61

Debt	or 1	Trinni Quvodis Yarn	-	С	ase	number (if kno	wn)				
					For	Debtor 1			Debtor filing s		
	Cop	by line 4 here	4.		\$	4,137.	00	\$		N/A	<u>\</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	,	\$	388.	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u> </u>	248.		\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$_		.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.	\$_		.00	\$		N/A	_
	5e.	Insurance	5e	).	\$	166.	00	\$		N/A	<u> </u>
	5f.	Domestic support obligations	5f.		\$	0.	.00	\$		N/A	\
	5g.	Union dues	5g	•	\$_		.00	\$		N/A	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$	0.	.00	+ \$		N/A	<u>\</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$_	802.	00	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	3,335.	00	\$		N/A	<u>\</u>
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90		\$	0	00	¢		<b>N</b> 1/4	
	8b.	Interest and dividends	8a 8b		» \$		.00	\$		N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	OD	,.	Ψ	<u> </u>	<u>00</u>	Ψ		N/A	<u> </u>
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<b>:</b> .	\$	0.	.00	\$		N/A	
	8d.		8d		$\mathring{\$}^-$		.00	\$		N/A	
	8e.	Social Security	8e	<b>.</b>	\$		.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		.00	\$		N/A	
	8g.	Pension or retirement income	8g 8h	,	\$_		.00			N/A	_
	8h.	Other monthly income. Specify:	_ 011	ı.+ 	\$	U.	.00	+ »		N/A	<u>`</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.	.00	\$		N/	Α
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,335.00	+ \$		N/A	= \$	3,335.00
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		3,000.00	* -			* -	0,000.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	depe							<i>J</i> . +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,335.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						'	Combi	ined Ily income
		No.									

Official Form 106l Schedule I: Your Income page 2

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 36 of 61

Fill	in this informa	tion to identify yo	our case:			Ī		
	otor 1	Trinni Quvod				Ch	eck if this is:	
		Tillin Quvoc	iis raiii					g
	otor 2							owing postpetition chapter
(Sp	ouse, if filing)						13 expenses as	of the following date:
Unit	ted States Bankr	ruptcy Court for the:		IERN DISTRICT OF GEOF TA DIVISION	RGIA -		MM / DD / YYYY	
1	se number nown)							
0	fficial Fo	rm 106J				-		
S	chedule	J: Your I	Expen	ises				12/1
Be info	as complete a	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this t				
Par 1.	t 1: Descr Is this a joir	ibe Your House nt case?	hold					
	■ No. Go to	line 2.						
		s Debtor 2 live i	n a separa	ate household?				
	□ N □ Y		t file Offici	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						_ Yes
								□ No □ Yes
								_ □ Yes □ No
								☐ Yes
								□ No
_	_							_
3.	expenses o	enses include f people other th d your depender	han $_{\square}$	No Yes				
Par		ate Your Ongoir						
exp				uptcy filing date unless y y is filed. If this is a supp				hapter 13 case to report of the form and fill in the
				government assistance if				
(Of	ficial Form 10	06I.)					Your ex	penses
4.		or home ownersl and any rent for the		ses for your residence. In r lot.	nclude first mortgag	e 4.	\$	800.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
			•	ipkeep expenses		4c.	·	0.00
5		owner's associati		dominium dues	me equity loops	4d.	\$ e	0.00

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 37 of 61

tor 1 <b>T</b>	rinni Quvodis Yarn	Case num	ber (if known)	
Utilities	<b>:</b>			
	lectricity, heat, natural gas	6a.	\$	200.00
	Vater, sewer, garbage collection	6b.	· ·	25.00
	elephone, cell phone, Internet, satellite, and cable services	6c.		0.00
	Other Specify: Collular Phone	6d.	·	125.00
	Cable/Internet/Alarm		\$	100.00
	nd housekeeping supplies		· ·	500.00
	are and children's education costs	8.	\$	0.00
	g, laundry, and dry cleaning	9.	·	100.00
	al care products and services	10.	· <u> </u>	75.00
	l and dental expenses	11.	•	50.00
	ortation. Include gas, maintenance, bus or train fare.		Ψ	30.00
	include car payments.	12.	\$	400.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ble contributions and religious donations	14.	\$	325.00
Insurar	nce.			
	include insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	·	0.00
	lealth insurance	15b.		0.00
	ehicle insurance	15c.	•	0.00
	Other insurance. Specify:	15d.	\$	0.00
Taxes. Specify	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	nent or lease payments:			
	Car payments for Vehicle 1	17a.	\$	422.00
	Car payments for Vehicle 2	17b.	\$	0.00
17c. C	Other. Specify: Rent to Own	17c.	\$	113.00
	Other. Specify: Anticipated IRS repayment	17d.	\$	100.00
	ayments of alimony, maintenance, and support that you did not report as	S		
deduct	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
Other p	payments you make to support others who do not live with you.		\$	0.00
Specify		19.		
	eal property expenses not included in lines 4 or 5 of this form or on Sch			
	fortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
20c. F	roperty, homeowner's, or renter's insurance	20c.		0.00
	faintenance, repair, and upkeep expenses	20d.	*	0.00
20e. H	Iomeowner's association or condominium dues	20e.	\$	0.00
Other:	Specify:	21.	+\$	0.00
Calcula	ate your monthly expenses			
	d lines 4 through 21.		\$	3,335.00
	upy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,333.00
				0.005.00
22C. A0	d line 22a and 22b. The result is your monthly expenses.		\$	3,335.00
Calcula	ate your monthly net income.		L	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,335.00
	Copy your monthly expenses from line 22c above.	23b.		3,335.00
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	0.00
For exar modifica  No.	expect an increase or decrease in your expenses within the year after y nple, do you expect to finish paying for your car loan within the year or do you expect you tion to the terms of your mortgage?	ou file this ur mortgage p	s form? payment to increase	e or decrease because
☐ Yes.	Explain here:			

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 38 of 61

Fill in this infor	mation to identify your ca	ise:		
Debtor 1	Trinni Quvodis Yar			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIST	TRICT OF GEORGIA - ATLANTA DIVISION	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 108			
		ı for Indiv	riduals Filing Under Chap	ter 7 12/15
If you are an ind	ividual filing under chapt	er 7, you must fil	l out this form if:	
	e claims secured by you	-		
You must file thi	ever is earlier, unless the	hin 30 days after	ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	eople are filing together indicate the form.	n a joint case, bo	th are equally responsible for supplying correct	information. Both debtors must
	and accurate as possible		needed, attach a separate sheet to this form. O	n the top of any additional pages,
		, ,		
Part 1: List Yo	our Creditors Who Have	Secured Claims		
1. For any credit information be		t 1 of Schedule D	: Creditors Who Have Claims Secured by Prope	rty (Official Form 106D), fill in the
	editor and the property that	t is collateral	What do you intend to do with the property th secures a debt?	Did you claim the property as exempt on Schedule C?
Craditaria C	Camital One Bank (USA	<b>\                                    </b>		П.,
Creditor's C	Capital One Bank (USA	.), N.A.	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
December Constant	All Bolds to sold a		☐ Retain the property and enter into a	■ Yes
Description of property	All Debtor's real and property	ı personai	Reaffirmation Agreement.	
securing debt:	,		■ Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	
Creditor's S	Santander Consumer U	JSA	☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
Description of	2015 Honda Accord	64000 miles	Retain the property and enter into a	Yes
property securing debt:			Reaffirmation Agreement.  □ Retain the property and [explain]:	
Creditor's S	Suntrust Bank		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	<b>■</b> ∨
Description of		d personal	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes
property	property		Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 39 of 61

Debto	r 1 <u>Trinni Qu</u>	vodis Yarn	Case num	nber (if known)
sec	euring debt:		avoid lien using 11 U.S.C. § 522	<b>(f)</b>
Part 2	List Your U	nexpired Personal Property Lea	uses	
in the i	information belo	ow. Do not list real estate leases		nd Unexpired Leases (Official Form 106G), fill in effect; the lease period has not yet ended. C. § 365(p)(2).
Descr	ribe your unexpi	ired personal property leases		Will the lease be assumed?
Lesso	r's name:	Progressing Leasing		□ No
				Yes
Descri Prope	iption of leased rty:	Mattress		
Part 3	Sign Below			
proper	ty that is subjec	ct to an unexpired lease.	ed my intention about any property of my es	state that secures a debt and any personal
	s/ Trinni Quvo	****	X Signature of Debtor 2	
_	Frinni Quvodis Signature of Debt		Signature of Deptor 2	
С	Date June 1	11, 2019	Date	

### Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main

Fill in this infor	mation to identify your	case:			
Debtor 1	Trinni Quvodis Ya	arn			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLANTA	A DIVISION	
Case number					
(if known)					☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	<u> </u>		
Par	11: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	14,035.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	14,035.00
Par	2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	21,943.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	4,629.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	151,742.00
	Your total liabilities	\$	178,314.00
Par	13: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,335.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,335.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	. family, or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

#### Entered 06/11/19 14:53:44 Desc Main Case 19-59110-bem Doc 1 Filed 06/11/19 Document

Page 41 of 61 Case number (if known) Debtor 1 Trinni Quvodis Yarn

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,137.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,629.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	137,853.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	142,482.00

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 42 of 61

Fill in this infor	mation to identify your	case:			
Debtor 1	Trinni Quvodis Ya	orn			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA - ATLANTA	DIVISION	
Case number _					
(if known)					☐ Check if this is an
					amended filing
Official Forr	m 106Dec				
Declarat	tion About a	n Individual	<b>Debtor's Sch</b>	nedules	12/15
If two married pe	eople are filing togethe	r, both are equally respor	nsible for supplying corre	ect information.	
Vou must file thi	is form whenever you fi	la hankruntov schadulas	or amended schedules I	Making a false stater	ment, concealing property, or
					), or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341, 1	519, and 3571.		•	
Sign	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes. N	Name of person				ruptcy Petition Preparer's Notice,
				Declaration,	and Signature (Official Form 119)
		that I have read the sumi	mary and schedules filed	with this declaration	n and
that they are	e true and correct.				
X /s/ Trin	nni Quvodis Yarn		X		
	Quvodis Yarn		Signature of D	Debtor 2	
Signatu	re of Debtor 1				
Date ,	June 11, 2019		Date		

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 43 of 61

Fill in this info	mation to identify your case:				irected in this form and	in Form
Debtor 1	Trinni Quvodis Yarn		122A-1S	upp:		
Debtor 2				here is no presi	umption of abuse	
(Spouse, if filing)	-			·	•	
	NORTHERN DI	STRICT OF			o determine if a presui	
United States	Bankruptcy Court for the: GEORGIA - ATI	LANTA DIVISION			nade under <i>Chapter 7</i> icial Form 122A-2).	weans rest
Case number			Пзт	he Means Test	does not apply now be	ecause of
(if known)					service but it could ap	
			□ Ch	eck if this is a	n amended filing	
Official F	orm 122A - 1				· ·	
	7 Statement of Your Cu	irrent Monthly	Incom	Δ		12/15
Onapici	7 Statement of Tour St	arrent Monthly	11100111			12/13
attach a separat case number (if qualifying milita	and accurate as possible. If two married peopl e sheet to this form. Include the line number to known). If you believe that you are exempted f y service, complete and file Statement of Exer	which the additional inform rom a presumption of abuse	ation applies because you	. On the top of ar do not have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
	alculate Your Current Monthly Income					
1. What is	your marital and filing status? Check one	only.				
■ Not m	narried. Fill out Column A, lines 2-11.					
☐ Marri	ed and your spouse is filing with you. Fill	out both Columns A and B	, lines 2-11.			
☐ Marri	ed and your spouse is NOT filing with you	u. You and your spouse a	ire:			
☐ Liv	ing in the same household and are not le	gally separated. Fill out be	oth Columns	A and B, lines 2	2-11.	
ре	ing separately or are legally separated. Finalty of perjury that you and your spouse are ng apart for reasons that do not include eva	e legally separated under r	onbankrupto	y law that applie	es or that you and you	
	erage monthly income that you received from a					
the 6 months	r example, if you are filing on September 15, the 6, add the income for all 6 months and divide the to	tal by 6. Fill in the result. Do no	ot include any	income amount m	ore than once. For examp	ole, if both
spouses own	the same rental property, put the income from that	t property in one column only.				pace.
			Colui Debt		Column B  Debtor 2 or non-filing spouse	
	oss wages, salary, tips, bonuses, overtime eductions).	e, and commissions (befo	ore all \$	4,137.00	\$	
	and maintenance payments. Do not include in filled in.	de payments from a spous	e if \$	0.00	\$	
	ints from any source which are regularly					
	r <b>your dependents, including child suppo</b> ınmarried partner, members of your househ					
and room	nmates. Include regular contributions from a	spouse only if Column B is	not	0.00	\$	
	Oo not include payments you listed on line 3.		\$	0.00	Φ	
5. Net inco	me from operating a business, profession	n, or farm  Debtor 1				
Gross re	ceipts (before all deductions)	\$ 0.00				
	and necessary operating expenses	-\$ 0.00				
•	hly income from a business, profession, or f	0.00	ere -> \$	0.00	\$	
	me from rental and other real property	<u> </u>				
		Debtor 1				
Gross re	ceipts (before all deductions)	\$ 0.00				
Ordinary	and necessary operating expenses	-\$ 0.00				
Net mon	hly income from rental or other real property	\$ 0.00 Copy h	ere -> \$	0.00	\$	
7. Interest,	dividends, and royalties		\$	0.00	\$	

Official Form 122A-1

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 44 of 61

				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	nt received was a bene	efit under			·	_
	For you	\$0	.00				
	For you For your spouse	\$					
9.	Pension or retirement income. Do not include any a benefit under the Social Security Act.	mount received that wa	as a	\$	0.00	\$	_
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.	Security Act or payme umanity, or internationa a separate page and p	nts al or	¢	0.00	\$	
	·		<del></del>	Ψ \$	0.00	\$ \$	_
	Total amounts from separate pages, if any.		+	\$	0.00	\$	_
11.	Calculate your total current monthly income. Add I each column. Then add the total for Column A to the t		\$	4,137.00	+	= \$_	4,137.00
Part	2: Determine Whether the Means Test Applies	to You				inco	
40		- Fallann thank at an an					
12.	Calculate your current monthly income for the yea	·		0	. 11 44 1-		
	12a. Copy your total current monthly income from line	11		Сору	line 11 h	sere=> \$	4,137.00
	Multiply by 12 (the number of months in a year)					x	12
	12b. The result is your annual income for this part of the	he form				12b. \$	49,644.00
13.	Calculate the median family income that applies to	you. Follow these ste	eps:				
	Fill in the state in which you live.	GA					
	Fill in the number of people in your household.	1					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the ban	o online using the link		in the separa			47,953.00
14.	How do the lines compare?						
	<ul><li>14a.   Line 12b is less than or equal to line 13. 0</li><li>Go to Part 3.</li></ul>	On the top of page 1, c	heck box	1, There is r	o presum	ption of abuse.	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	2, The pro	esumption of	abuse is o	determined by Form	122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjur	y that the information of	on this sta	atement and	n any atta	chments is true and	correct.
	X /s/ Trinni Quvodis Yarn Trinni Quvodis Yarn Signature of Debtor 1						
	Date June 11, 2019 MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file For	rm 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.					

### Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 45 of 61

Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Trinni Quvodis Yarn	lines 40 or 42:
Debtor 2 (Spouse, if filing)	According to the calculations required by this Statement:
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION	■ 1. There is no presumption of abuse.
Case number	2. There is a presumption of abuse.
	☐ Check if this is an amended filing

### Official Form 122A - 2

### **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part	1: Determine Your Adjusted Income							
1.	Copy your total current monthly income.	Copy line 11 fro	m Official Fo	rm 122	A-1 here=>	\$_		4,137.00
2.	Did you fill out Column B in Part 1 of Form 122A-1?							
	■ No. Fill in \$0 for the total on line 3.							
ı	☐ Yes. Is your spouse Filing with you?							
ı	☐ No. Go to line 3.							
	☐ Yes. Fill in \$0 for the total on line 3.							
3.	Adjust your current monthly income by subtracting any pa household expenses of you or your dependents. Follow the	art of your spou	ıse's income	not use	ed to pay for	the		
	On line 11, Column B of Form 122A–1, was any amount of the expenses of you or your dependents?	income you rep	orted for your	spouse	NOT regular	rly used fo	r the ho	ousehold
	■ No. Fill in 0 for the total on line 3.							
	☐ Yes. Fill in the information below:							
	State each purpose for which the income was used For example, the income is used to pay your spouse's ta support other than you or your dependents.	ax debt or to	Fill in the are subtra	acting f	rom			
			\$					
			Ψ					
			\$					
			\$					
	Total.		\$	0.00				
					Copy total	here=>	- \$	0.00
4.	Adjust your current monthly income. Subtract line 3 from lin	ne 1.					\$	4,137.00

Official Form 122A-2

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 46 of 61

	_		
Debtor 1	Trinni Quvodis Yarn	Case number (if known)	

### Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

727.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 55.00
- 7b. Number of people who are under 65 X \_\_\_\_\_\_1
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 55.00 Copy here=> \$ 55.00

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114.00
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ \_\_\_\_\_\_ **0.00 Copy here=> +\$** \_\_\_\_\_ **0.00**
- 7g. Total. Add line 7c and line 7f \$ 55.00 Copy total here=> \$ 55.00

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 47 of 61

Debtor 1 Trinni Quvodis Yarn Case number (if known)

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:
Housing and utilities - Insurance and operating expenses
Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

		o q			g						
			sing the link specified in the se able at the bankruptcy clerk's o		instructions for	this for	m.				
8.			Insurance and operating exped for your county for insurance						e 5, fill \$		506.00
9.	Hou	ısing and utilities -	Mortgage or rent expenses:								
	9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses										
	9b. Total average monthly payment for all mortgages and other debts secured by your home.										
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.										
		Name of the credit	or		Average mor payment	thly					
		-NONE-			\$						
			Total average monthly payme	ent	\$	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.	
	9c.	Net mortgage or re	ent expense.								
		,	otal average monthly payment) f this amount is less than \$0, en		, ,		\$	700.00	Copy here=>	\$	700.00
10.			S. Trustee Program's divisio of your monthly expenses, f					g is incorred	ct and	\$	0.00
	Ex	plain why:									
11.	Loc	al transportation e	xpenses: Check the number of	of vehic	cles for which y	ou claim	n an ownersh	ip or operatir	ng expense		
		). Go to line 14.									
	<b>1</b>	. Go to line 12.									
		or more. Go to line	12.								
12.			ense: Using the IRS Local Star in the Operating Costs that app							\$	240.00

Official Form 122A-2

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 48 of 61

		Doddinone	rago to or or	
Debtor 1	Trinni Quvodis Yarn		Case number (if known)	

13.	You may		<b>rpense:</b> Using the IRS Local if you do not make any loan						
Ve	hicle 1	Describe Vehicle 1:	2015 Honda Accord 64	000 miles					
13a.	Owners	hip or leasing costs usin	g IRS Local Standard		····	\$	508.00		
13b.	Average	e monthly payment for a	Il debts secured by Vehicle 1.						
	Do not i	nclude costs for leased	vehicles.						
	are cont		ly payment here and on line cured creditor in the 60 mont						
	Na	me of each creditor fo	r Vehicle 1	Average mont payment	hly				
	Sa	intander Consumer	USA	\$\$	7.25				
		Total <i>i</i>	Average Monthly Payment	\$28	7.25	Copy here =>	-\$287	Repeat this amount on line 33b.	
13c.		nicle 1 ownership or leas t line 13b from line 13a.	e expense if this amount is less than \$0	, enter \$0.		\$	220.75	Copy net Vehicle 1 expense here => \$	220.75
Ve	hicle 2	Describe Vehicle 2:							
13d.	Owners	hip or leasing costs usin	g IRS Local Standard			\$	0.00		
13e.		e monthly payment for a vehicles.	Il debts secured by Vehicle 2.	. Do not include o	costs for				
	Na	me of each creditor fo	r Vehicle 2	Average mont payment	hly				
				\$\$					
		Total <i>i</i>	Average Monthly Payment	\$		Copy here => -\$ _	0.0	Repeat this amount on line 33c.	
13f.		nicle 2 ownership or leas t line 13e from line 13d.	e expense if this amount is less than \$0	, enter \$0		\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.			e: If you claimed 0 vehicles in				ards, fill in the	Public \$	0.00
15.	also dec	duct a public transportat	on expense: If you claimed a lone expense, you may fill in we cal Standard for Public Trans	hat you believe is					0.00

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 49 of 61

er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	s for	
<b>Taxes:</b> The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
Do not include real estate, sales, or use taxes.	\$	388.00
<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	255.00
<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	0.00
<b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or		
for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	•	0.00
Do not include payments for any elementary or secondary school education.	\$	0.00
Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
Payments for health insurance or health savings accounts should be listed only in line 25.	\$	12.00
<b>Optional telephone and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.	\$	3,103.75
	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in li	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Education: The total monthly amount that you pay for education that is either required:  The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Optional telephone and telephone services: The total monthly am

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 50 of 61

Add	itional Expense Deductions These are additional of	deductions allowed by the	e Means Test.			
	Note: Do not include any expense allowances listed in lines 6-24.					
25.	Health insurance, disability insurance, and health s insurance, disability insurance, and health savings according your dependents.			ŗ		
	Health insurance	\$166.00				
	Disability insurance	\$0.00				
	Health savings account	+ \$0.00				
	Total	\$166.00	Copy total here=>	\$	166.00	
	Do you actually spend this total amount?					
	□ No. How much do you actually spend?	\$				
	Continued contributions to the care of household o continue to pay for the reasonable and necessary care your household or member of your immediate family whinclude contributions to an account of a qualified ABLE	or family members. The and support of an elderly no is unable to pay for su program. 26 U.S.C.§ 529	r, chronically ill, or disabled member of ch expenses. These expenses may BA(b).	\$	0.00	
27.	<ol> <li>Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.</li> </ol>					
	By law, the court must keep the nature of these expens	es confidential.		\$	0.00	
28.	<b>Additional home energy costs.</b> Your home energy co line 8.	ests are included in your i	nsurance and operating expenses on			
	If you believe that you have home energy costs that are 8, then fill in the excess amount of home energy costs.	e more than the home en	ergy costs included in expenses on line			
	You must give your case trustee documentation of your amount claimed is reasonable and necessary.	r actual expenses, and yo	ou must show that the additional	\$	0.00	
29.	Education expenses for dependent children who ar \$170.83* per child) that you pay for your dependent chi public elementary or secondary school.					
	You must give your case trustee documentation of your claimed is reasonable and necessary and not already a					
	* Subject to adjustment on 4/01/22, and every 3 years a	after that for cases begur	on or after the date of adjustment.	\$	0.00	
30.	<b>Additional food and clothing expense.</b> The monthly a higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS	in the IRS National Stan				
	To find a chart showing the maximum additional allowal instructions for this form. This chart may also be available.					
	You must show that the additional amount claimed is re	easonable and necessary	<b>'.</b>	\$	0.00	
31.	<b>Continuing charitable contributions.</b> The amount that instruments to a religious or charitable organization. 26		tribute in the form of cash or financial	+\$	325.00	
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	491.00	

Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 51 of 61

	ctions for Debt Payment						
33 <b>F</b> c	onono roi Bost i ayinoni						
	or debts that are secured by an intere ans, and other secured debt, fill in lin	st in property that you own, including hon es 33a through 33e.	e mor	tgages, vehicle			
	o calculate the total average monthly pay editor in the 60 months after you file for	yment, add all amounts that are contractually bankruptcy. Then divide by 60.	due to	each secured			
	Mortgages on your home:					Average payment	monthly
33a.	Copy line 9b here				=> {	6	0.00
	Loans on your first two vehicles:						
33b.	Copy line 13b here				=> {	5	287.25
33c.					=> 5	5	0.00
33d.	List other secured debts:						
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payme include taxe insurance?			
				□ No			
	-NONE-			☐ Yes			
		_		_ L res	;		
				□ No			
				☐ Yes	Ş	5	
				□ No			
				U Yes	+{	<u> </u>	
					Сору		
33e.	Total average monthly payment. Add lin	nes 33a through 33d	\$	287.25	total	<b>.</b> \$	287.2
33e.	Total average monthly payment. Add lin	nes 33a through 33d	\$_	287.25		»	287.2
34. <b>A</b> ı	re any debts that you listed in line 33	nes 33a through 33d secured by your primary residence, a vehi	cle,	287.25	total	s> \$	287.2
84. <b>A</b> ≀ <b>O</b> ≀	re any debts that you listed in line 33 other property necessary for your sull No. Go to line 35.	secured by your primary residence, a vehi upport or the support of your dependents?	cle,	287.25	total	» \$	287.25
84. <b>A</b> ≀ <b>O</b> ≀	re any debts that you listed in line 33 other property necessary for your sull No. Go to line 35.  I Yes. State any amount that you must	secured by your primary residence, a vehing upport or the support of your dependents?  It pay to a creditor, in addition to the payments also not your property (called the cure amount).	cle,	287.25	total	<b>\$</b>	287.2
84. <b>A</b> i or ■	re any debts that you listed in line 33 to ther property necessary for your sull No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep posses:	secured by your primary residence, a vehing upport or the support of your dependents?  It pay to a creditor, in addition to the payments also not your property (called the cure amount).	cle,	Z87.25  Total cure amount	total		hly cure
34. <b>A</b> I	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the	secured by your primary residence, a vehice poor to the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.	cle,	Total cure	total	Mont amou	hly cure
84. Al or □ □	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the	secured by your primary residence, a vehice poor to the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.	cle,	Total cure amount	total here=	Mont amou	hly cure
84. Al or □ □	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the	secured by your primary residence, a vehice poor to the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.	cle,	Total cure amount	total here=	Mont amou	hly cure
84. Al or □ □	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents?  It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.  Identify property that secures the debt	cle,	Total cure amount	total here=	Mont amou	hly cure
84. Al	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents?  It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.  Identify property that secures the debt	cle,	Total cure amount	÷ 60 =	Mont amou	hly cure int
Name	re any debts that you listed in line 33 rother property necessary for your sulful.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the e of the creditor	secured by your primary residence, a vehicupport or the support of your dependents?  It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.  Identify property that secures the debt  Total a priority tax, child support, or alimony	cle,	Total cure amount	÷ 60 =	Mont amou	hly cure int
Name	re any debts that you listed in line 33 rother property necessary for your sull No. Go to line 35.  I Yes. State any amount that you must listed in line 33, to keep posses: Next, divide by 60 and fill in the e of the creditor  NE-  D you owe any priority claims such as e past due as of the filing date of your such as the property of the creditor and the control of the creditor are the control of the creditor and the control of the creditor are the control of the creditor and the credito	secured by your primary residence, a vehicupport or the support of your dependents?  It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.  Identify property that secures the debt  Total a priority tax, child support, or alimony	cle,	Total cure amount	÷ 60 =	Mont amou	hly cure int
Name	re any debts that you listed in line 33 rother property necessary for your sure No. Go to line 35.  I Yes. State any amount that you must listed in line 33, to keep possess. Next, divide by 60 and fill in the e of the creditor  NE-  D you owe any priority claims such as e past due as of the filling date of your line. How we have the possess of the filling date of your line. So you owe any priority claims such as the past due as of the filling date of your line.	secured by your primary residence, a vehilapport or the support of your dependents?  It pay to a creditor, in addition to the payments sion of your property (called the cure amount information below.  Identify property that secures the debt  Total a priority tax, child support, or alimony rebankruptcy case? 11 U.S.C. § 507.	al \$_	Total cure amount	÷ 60 =	Mont amou	hly cure int

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 52 of 61

Trinni Quvodis Yarn Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ■ No. Go to line 37. Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 736.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees 6.60 (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 48.58 48.58 \$ here=> Average monthly administrative expense if you were filing under Chapter 13 412.98 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3,103.75 expense allowances Copy line 32. All of the additional expense deductions 491.00 Copy line 37, All of the deductions for debt payment 412.98 4,007.73 4,007.73 Total deductions Copy total here....=> \$ Part 3: Determine Whether There is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 4,137.00 39b. Copy line 38, Total deductions 4,007.73 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy 129.27 129.27 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Copy 7,756.20 7,756.20 39d. **Total.** Multiply line 39c by 60 39d. here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$8,175\*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$13,650\*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ☐ The line 39d is at least \$8,175\*, but not more than \$13,650\*. Go to line 41. \*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

# Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 53 of 61

Debtor 1	Trin	ni Quvodis Yarn	Case number (if known)	
41.	41a.	<b>Fill in the amount of your total nonpriority unsecured debt.</b> If you filled o <i>A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules</i> (Official Form 106Sum), you may refer to line 3b on that form.		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(	(I)   fr	opy ere=> \$
		Multiply line 41a by 0.25		
25	5% of y	ne whether the income you have left over after subtracting all allowed de your unsecured, nonpriority debt. e box that applies:	ductions is enough to pay	
		<b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>The</i> part 5.	ere is no presumption of abus	е.
		<b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The		
Part 4:	Giv	ve Details About Special Circumstances		
		ve any special circumstances that justify additional expenses or adjustm	onts of current monthly inc	ome for which there is no
		e alternative? 11 U.S.C. § 707(b)(2)(B).	ents of current monthly inc	ome for which there is no
	No. Go	o to Part 5.		
		I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25.	xpense or income adjustment	for each
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.		
	G		Average monthly expense or income adjustment	
			\$	
			\$	
			\$	-
	_		\$	-
	_		*	
Part 5:	,	ın Below		
	By si	gning here, I declare under penalty of perjury that the information on this state	ment and in any attachments	is true and correct.
		/ Trinni Quvodis Yarn		
		inni Quvodis Yarn gnature of Debtor 1		
Da		ine 11, 2019		
	M	M/DD/YYYY		

### United States Bankruptcy Court NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

re	Trinni Quvodis Yarn		Case No.	
		Debtor(s)	Chapter	7
	VERI	FICATION OF CREDITOR	R MATRIX	
ıbo	ove-named Debtor hereby verifies the	hat the attached list of creditors is true and	correct to the best	of his/her knowledge.

Signature of Debtor

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Bank (USA), N.A. Richard Dana Fairbank, CEO 4851 Cox Road Glen Allen, VA 23060

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/New York Attn: Bankruptcy Po Box 18215 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

First Nataional Bank/Legacy Attn: Bankruptcy Po Box 5097 Sioux Falls, SD 57117

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Georgia Department of Revenue Compliance Division ARCS Bankruptcy 1800 Century BLVD NE Suite 9100 Atlanta, GA 30345-3202

GSFC/Georgia Student Finance Commission 2082 East Exchange Place Fmt 200 Tucker, GA 30084

IRS
401 W. Peachtree St., NW
Stop #334-D
Room 400
Atlanta, GA 30308

MOHELA Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005

National Credit Systems, Inc. Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131

Nelnet Loans Attn: Claims Po Box 82505 Lincoln, NE 68501

NetCredit 175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604

Progressing Leasing 5651 W Talavi Blvd Glendale, AZ 85306

Rent Recovery Solution LLC Attn: Bankruptcy 1945 The Exchange, Ste 120 Atlanta, GA 30339

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161

Sunset Finance Co Of Attn: Bankruptcy Department 510 Mountain View Dr., Suite 500 Seneca, SC 29672 Suntrust Bank C/O Corporation Service Company - RA 40 Technology Parkway South Suite 300 Norcross, GA 30092

Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

The Southern Credit 430 E Lanier Ave Fayetteville, GA 30214

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

## Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 59 of 61

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Case 19-59110-bem Doc 1 Filed 06/11/19 Entered 06/11/19 14:53:44 Desc Main Document Page 61 of 61

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.